



PTO REQUEST FORM

ASSOCIATES NAME: _____

DATE(S) REQUESTED OFF: _____

PERSONAL TIME-OFF (PTO) FOR:

#days / # hours

Personal Reason or Vacation

____ / ____

Illness/Family Leave (birth/adoption)

____ / ____

Military Duty

____ / ____

OTHER ABSENCE:

days / # hrs

Jury Duty

days _____

Bereavement

____ / ____

Relationship: _____

Time off without pay

____ / ____

Reason: _____

Associates Signature/EM/Phone call: _____ Date: ____/____/____

Manager's Signature: _____ Date: ____/____/____